

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Dynamic Seating System for Personal Mobility Vehicle

the specification of which is attached hereto unless the following box is checked:

☐ was filed on _____ as U.S. Application Number or PCT International Application Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Priority Claimed

_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	_____ Yes	_____ No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	_____ Yes	_____ No

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

(Application No.) _____
(Filing Date)

(Application No.) _____
(Filing Date)

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s), or §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

10/403,558 (Application No.)	May 31, 2002 (Filing Date)	Pending (status - patented, pending, abandoned)
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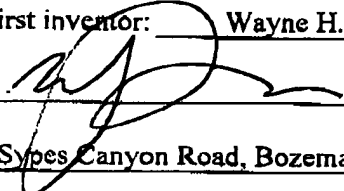
_____ (Application No.)	_____ (Filing Date)	_____ (status - patented, pending, abandoned)
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Customer Number 4859

Address all telephone calls to Thedford I. Hitaffer at (419) 255-5900.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: Wayne H. Hanson

Inventor's signature 

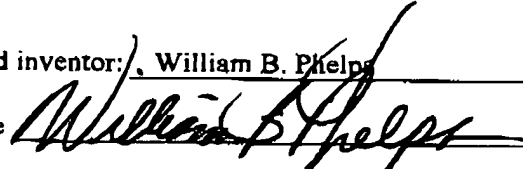
Date: 10/29/03

Residence: 7175 Sypes Canyon Road, Bozeman, MT 59715

Citizenship: U.S.

Post Office Address: Same as Above

Full name of second inventor: William B. Phelps

Inventor's signature 

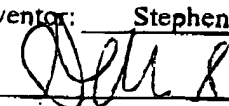
Date: 10/30/03

Residence: 7175 Sypes Canyon Road, Bozeman, MT 59715

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Full name of third inventor: Stephen M. Sanford

Inventor's signature 

Date: 10/29/03

Residence: 3401 Ravalli Street, Bozeman, MT 59718

Citizenship: U.S.

Post Office Address: Same as Above

Full name of fourth inventor: _____

Inventor's signature _____

Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____